

## Town of Matthews – Crews Recreation Center Multipurpose Room(s) Rental Request Form

(A minimum of 20 workings days prior to the rental date may be required in order to schedule staff for the rental)

## PLEASE FILL OUT ALL THAT APPLYS TO YOUR RENTAL

RENTAL INFORMATION:			
Date(s) for usage: Month	Day(s):	Year:	Time :
Rental time includes set up and	l clean up for event/prog	<mark>ram</mark> . List requested	number of weeks and any
additional dates that apply to t	his rental:		
Number of attendees: Add			
Type of Event: Personal: Bu Other:			
Will there be an admission fee	or donation: YES N	NO Amount \$	
Detail outline of the event:			
MULTI-PURPOSE ROOM(S): SPA	ACE REQUESTED:		
Multi- Purpose Rooms A, B and	C:Multi-Purpose !	Room A,B:	
Multi-Purpose Room B,C:	_Single Multi-Purpose Ro	om:	
Tables: Chairs:	(17 rectangular	r tables, 8 round tab	les & 120 chairs available)
RENTER/ REQUESTER INFORMA	ATION:		
Name of Organization:		_ If non-Profit provi	de TAX ID:
Requester Name: (First, Last) _			
Address: Number and Street: _			
City:			
Home Phone:	Cell Phone:	E-Mail: _	
<b>BUSINESS INFORMATION:</b>			
Name of Company:		Is this rental for	· business purposes?
Address: Number and Street: _			
City:		: ZIP Code:	
Work Phone:	Extension No	E-Mail:	
OFFICE USAGE:			
	: Staff Initials:		
Date Approved:	Available? YES NO		

Crews Recreation Center – 1201 Crews Road – Matthews, NC 28105

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